



# State of New Jersey

## DEPARTMENT OF HEALTH AND SENIOR SERVICES

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[www.state.nj.us/health](http://www.state.nj.us/health)

JAMES E. MCGREEVEY  
Governor

CLIFTON R. LACY, M.D.  
Commissioner

### CERTIFICATION PROGRAM APPLICATION FOR APPROVAL CERTIFIED MEDICATION AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM IN ASSISTED LIVING RESIDENCES/ASSISTED LIVING PROGRAMS & COMPREHENSIVE PERSONAL CARE HOMES

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### ADDENDUM

In order to be eligible for certification as a medication aide, candidates shall:

- Be currently certified in New Jersey as a nurse aide, homemaker/home health aide, or personal care assistant. **CHECK THE REGISTRY FOR VERIFICATION**
- Have successfully completed a medication aide training program approved by the New Jersey Department of Health and Senior Services (NJDHSS) before registering for the examination.
- Register for and take the examination within three (3) months of successful completion of the training program.
- Successfully complete (pass) the Medication Aide Examination.
- Be required to retrain if they do **NOT** pass the examination within six (6) months of completion of the training program.

In order for your Application to be approved, please complete the following information:

**FACILITY NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

| Name of Aide | SSN   | Category of Certificate Held (NA, PCA, HHA) | Certificate # | Expiration Date |
|--------------|-------|---|---------------|-----------------|
| 1. _____     | _____ | _____                                       | _____         | _____           |
| 2. _____     | _____ | _____                                       | _____         | _____           |
| 3. _____     | _____ | _____                                       | _____         | _____           |
| 4. _____     | _____ | _____                                       | _____         | _____           |
| 5. _____     | _____ | _____                                       | _____         | _____           |
| 6. _____     | _____ | _____                                       | _____         | _____           |
| 7. _____     | _____ | _____                                       | _____         | _____           |
| 8. _____     | _____ | _____                                       | _____         | _____           |
| 9. _____     | _____ | _____                                       | _____         | _____           |
| 10. _____    | _____ | _____                                       | _____         | _____           |

(please copy this blank for additional sheets)

NA (Nurse Aide)

PCA (Personal Care Assistant)

HHA (Homemaker/Home Health Aide)